
**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

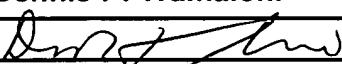
Total Number of Pages in This Submission

Application Number	10/561,654
Filing Date	December 20, 2005
First Named Inventor	Hertel
Art Unit	
Examiner Name	
Attorney Docket Number	21733

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Executed Declaration	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Dennis P. Tramaloni	
Signature		
Date	04/07/2006	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Dennis P. Tramaloni	
Signature		Date
		04/07/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application

Confirmation No.

Inventors: Cornelia Hertel, et. al.

Art Unit:

Application No. 10/561,654, filed December 20, 2005

Examiner:

For: TRITIATED GROWTH HORMONE SECRETAGOGUE MK-0677

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Nutley, New Jersey 07110
April 7, 2006

Mail Stop: Missing Part
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

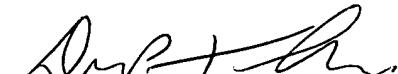
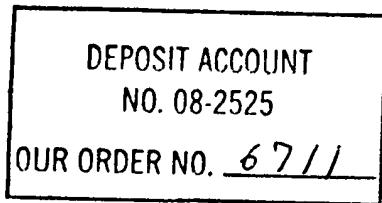
Sir:

In response to the Notice of Missing Parts of Application, applicants enclose an original Declaration executed by Cornelia Hertel, Philipp Huguenin, Sannah Jensen Zoffman and Jean-Marc Plancher, co-inventors of the captioned application. The submission of the executed Declaration completes the formal requirements for filing the captioned application. Please make the foregoing of record.

Appl. No. 10/561,654
Filed: December 20, 2005

The payment of a surcharge of \$130.00 is to be charged to Deposit Account No. 08-2525. Any underpayment or overpayment should be charged or credited to Deposit Account No. 08-2525.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "D.P.T." followed by a surname.

Attorney for Applicant(s)
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